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FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000103947 (3)**

1. Corporation Name
ESI VANSYCLE LP, INC.

Principal Place of Business	Mailing Address
11760 U.S. HWY 1 NORTH PALM BEACH FL 33408	11760 U.S. HWY 1 NORTH PALM BEACH FL 33408-3013

3. Date Incorporated or Qualified: 12/26/1996
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: Applied For ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No See Attached

9. Name and Address of Current Registered Agent

LEON, J E
9250 W FLAGLER ST
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	Asst S ☒ Change ☐ Addition
NAME	TANCER, EDWARD F	1.2 NAME	
STREET ADDRESS	11760 U.S. HWY 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	D/P ☐ Change ☒ Addition
NAME		2.2 NAME	CARPENTER, LARRY K
STREET ADDRESS		2.3 STREET ADDRESS	11760 US HWY 1
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	☐ DELETE	3.1 TITLE	D/V ☐ Change ☒ Addition
NAME		3.2 NAME	GELBER, LESLIE J.
STREET ADDRESS		3.3 STREET ADDRESS	11760 US HWY 1
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	☐ DELETE	4.1 TITLE	D/T ☐ Change ☒ Addition
NAME		4.2 NAME	MC GRATH, ROBERT L.
STREET ADDRESS		4.3 STREET ADDRESS	11760 US HWY 1
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	☐ DELETE	5.1 TITLE	S ☐ Change ☒ Addition
NAME		5.2 NAME	CARPENTER, FRANCES M.
STREET ADDRESS		5.3 STREET ADDRESS	11760 US HWY 1
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frances M. Carpenter 4/5/97 (561) 691-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0006126